

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: 04/14/2003**

The Department of Human Services (DHS), Social Services Division (SSD) is committed to protecting your medical information. SSD is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice. If there are changes to these practices, SSD will mail a new notice to you within sixty (60) days.

**CONFIDENTIALITY PRACTICES AND USES**

The Social Services Division, may access, use and or share medical information for the following purposes:

- ? **Treatment & Services** - to appropriately determine waiver eligibility and access to appropriate community services. For example, case managers may review your service plan with health care providers to access the appropriate services.
- ? **Payment** - to determine your eligibility in the Medicaid Waiver Program and make payment to your health care provider. For example, your health care provider may send claims for payment to the Medicaid fiscal agent for services provided to you, if appropriate.
- ? **Waiver Program Operations** - to evaluate the performance of a Medicaid Waiver provider. For example, SSD reviews the records of providers to determine the quality of service you received. SSD also contracts with case managers who will review the records of providers to determine the quality of services you received.
- ? **Informational Purposes** - to give you information on the benefits and availability of waiver services in the community and consumer protection safeguards.

**DISCLOSURES NOT REQUIRING YOUR PERMISSION**

SSD can make the following disclosures only if it is directly related to the Medicaid Waiver programs, if a court orders SSD to disclose the information, or if another law requires SSD to disclose the information.

- ? **Other Government Agencies and/or Organizations Providing Benefits, Services or Disaster Relief** - to disclose information with other government agencies and/or organizations for you to receive those benefits and/or services offered.
- ? **Public Health** - to disclose medical information to agencies for public health activities for disease control and prevention, problems with medical products or medications, and victims of abuse, neglect or domestic violence.
- ? **Health Oversight Activities** - to disclose information to approved government agencies responsible for the Medicaid program, the U. S. Dept of Health and Human Services (DHHS), and the Office of Civil Rights.
- ? **Judicial and Administrative Hearings** - to disclose specific medical information in court and administrative proceedings.
- ? **Law Enforcement Purposes** - to disclose specific medical information for law enforcement purposes.
- ? **Coroners, Medical Examiners, and Funeral Directors** - to disclose specific medical information to authorized persons who need it to administer their work.
- ? **Organ Donation and Disease Registries** - to disclose specific medical information to authorized organizations involved with organ donation and transplantation, communicable disease registries, and cancer registries.

- ? **Research Purposes** - to disclose specific medical information to authorized personnel to work on research projects.
- ? **To Avert Serious Threat to Health, Safety or Emergency Situation** - to disclose specific medical information to prevent a serious threat to the health and safety of an individual or the public.
- ? **Specialized Government Functions** - to disclose medical information for national security, intelligence and/or protective services for the President. SSD may also disclose health information to the appropriate military authorities if you are or have been a member of the U. S. armed forces.
- ? **Correctional Institutions** - to disclose medical information to correctional facility or law enforcement officials to maintain the health, safety and security of the corrections system.
- ? **Workers' Compensation** - to disclose medical information to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.

**YOUR RIGHTS TO PRIVACY**

Your medical information will not be shared and/or disclosed without your permission except as described in this notice or required by law. You may authorize other disclosures by completing Form DHS 1558. You may also retract (in writing) this authorization at any time. SSD has procedures to assist you with your rights to your medical information. You may ask SSD staff for a copy of this notice at any time.

Any requests you may have of the Social Services Division **must** be submitted in writing. All required DHS forms are available at SSD offices. You have the right to ask SSD to:

- ? Limit the use and/or disclosure of your medical information. However, SSD is not required by law to agree to your request.
- ? Contact you by email or fax, at a specific mailing address or phone number.
- ? Look at or have a copy of any part of the designated record set maintained by SSD. You may be charged a processing and postage fee for this request.
- ? Change or add information to your designated record set. However, SSD may not change its **original** document.
- ? Provide a list of disclosures of your medical information made after April 14, 2003. This will not include disclosures for purposes of treatment, payment, health care operations; or disclosures made to you or with your permission.

If you need more information or feel that SSD violated your privacy rights.

You may contact: DHS/Social Services Division  
HIPAA Privacy Officer  
810 Richards Street, Suite 400  
Honolulu, HI 96813  
(808) 587-5545

You may also file a complaint with:

DHHS – Office of Civil Rights  
200 Independence Avenue, S. W. Room 509F HHH Bldg.  
Washington, DC 20201

**No one will get back at you for filing a complaint.**

**THIS NOTICE IS AVAILABLE IN BIGGER PRINT UPON REQUEST**